

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Title::

PREFABRICATED PET HOUSE AND METHOD  
FOR THE ASSEMBLY THEREOF

Attorney Docket Number::

KT-1

Request for Early Publication?::

No

Request for Non-Publication?::

Yes

Suggested Drawing Figure::

Total Drawing Sheets::

5

Small Entity::

Yes

Petition included?::

No

Secrecy Order in Parent Appl.?::

No

### **Applicant Information**

Applicant Authority type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Gerald

Middle Name::

C.

Family Name::

Kitch

Name Suffix::  
City of Residence:: Asheville  
State or Province of Residence:: North Carolina  
Country of Residence:: U.S.A.  
Street of mailing address:: 144 Marlborough Road  
City of mailing address:: Asheville  
State or Province of mailing address:: North Carolina  
Postal or Zip Code of mailing address:: 28804

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity

Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Postal or Zip Code of mailing address::

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 40023

**Representative Information**

Representative Designation::	Registration Number::	Representative Name::
Primary	26,407	David M. Carter
Primary	27,591	Steven C. Schnedler
Primary	45,464	J. Derel Monteith, Jr.

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60,441,819	01/21/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::